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Semester of Entry	New Undergraduates	LQ WKH 86 New Undergraduates	RXW RI WKH
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Students with Special Needs: Students with special needs as defined under Section 504 of the Rehabilitation Act of 1973 should contact the Office of Special Student Services to schedule an appointment with the coordinator to determine special needs and accommodations. It is strongly recommended that contact be made prior to enrollment. Contact the Office of Special Student Services, 270 Student Center, USA, Mobile, AL 36688-0002, (251) 460-7212.

Undergraduate Programs with Special Deadlines and Supplemental Applications : Certain programs have a two-phased admissions process: Cardiorespiratory Care, Nursing, Occupational Therapy, Physical Therapy, and Radiologic Sciences. Acceptance from the Office of Admissions is for the pre-professional components of these programs only and does not guarantee acceptance to the professional components. Students interested in these programs (except for Nursing) should contact the advising office in the College of Allied Health Professions at (251) 445-9260. Students interested in Nursing should contact the advising office in the College of Nursing at (251) 445-9400.

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TEST AND TEACHING CERTIFICATION INFORMATION

Please indicate any tests you have taken that are relevant to your admission: T 7 2 () / T , (/ 7 6 TGED TCLEP
T Advanced Placement (AP) Exams T Other _____

APPLICANT'S SIGNATURE

Scholarships are made possible by contribution from individuals, organizations and corporations. I understand that the University may wish to make a public announcement of scholarship winners and provide appropriate information about scholarship recipients to benefactors. I authorize the University of South Alabama to disclose this information to the donor(s) of any endowment funding I may receive and I grant permission to USA to publicize this award.

I certify that the above information is true and complete; I understand that withholding information requested, with the exception of information designated as optional, or giving false information may make me ineligible for admission and enrollment.

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Signature of Applicant _____ Date _____



